



Atty. Dkt. No. 056367-0200

IFW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Li-Xi Yang  
Title: PODOPHYLLOTOXIN DERIVATIVES  
Appl. No.: 10/612,240  
Filing Date: 01-July-2003  
Examiner: Amelia A. Owens  
Art Unit: 1625

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.

*Campos, Rene*  
(Printed Name)  
*Rene C*  
(Signature)  
19 October 2005  
(Date of Deposit)

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	=	Extra Claims Present	x	Rate	=	Additional Claims Fee
Total Claims:	13	-	56	=	0	x	\$50.00	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	\$0.00
First presentation of any Multiple Dependent Claims:				+		\$360.00	=	\$0.00
					CLAIMS FEE TOTAL		=	\$0.00

<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<hr/>	
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	<hr/>	
		TOTAL FEE:	<hr/>
		\$0.00	\$0.00

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A check in the amount of \$0.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 19 OCT 2005

By Tom M. Moran

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Tom M. Moran  
 Attorney for Applicant  
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